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LICENSE NUMBE	R: 045600004		CITY OR TOWN	GRAFTON
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS	POLISH NATIONA	AL HOME ASSOC	IATION	
ADDRESS 7 MAIN				
CITY/TOWN: GR	AFTON	STATE: MA	ZIP CODE:	01560
	OSON, TYP NNETH CHIP"	E OF LICENSE:C	ub C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	ES:		
FOUR ROOMS ON CLUB ROOM AND	FIRST FLOOR,DINE STORAGE	E AND DANCE HA	ALL ON 2ND FLOO	R, CELLAR FOR
	see has complied with ises are now open for l	business (If not exp	lain below)	
DATE:	TELEPHONI	E NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004, signe	d by the building ins	pector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED:			LOCAL LICENS By:	SING AUTHORITY
DISAPPROVED: [ (If disapproved expl	ain)			
DATE:				



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LICENSE NUMBER: 04560	0005	CITY OR TOWN GRAFTON
APPLICATION FOR RENE	EWAL: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: JANE	T L. KUCHINSKI	
DOING BUSINESS A RIC	K'S HILLTOP LOUNGE	
ADDRESS 59 MAPLE AVE	З.	
CITY/TOWN: GRAFTON	STATE: MA	ZIP CODE: 01560
MANAGER: KUCHINSK JANET L.	I, TYPE OF LICENSE: R	destaurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS
DESCRIPTION OF LICENS	SED PREMISES:	
OTHER BUILDING HAS 3 AREA IN CONJUNCTION	ENTRANCES AND IS TO BE	ICH HAS A KITCHEN AREA. THE USED AS A RESTAURANT/LOUNGE ILL BE SOLD IN TWO ROOMS ON THE OR STORAGE.
I hereby certify and swear ur	der penalties of perjury that:	
1. the renewed licen	se will be of the same type for the	ne same premises now licensed;
	•	mmonwealth relating to taxes; and
3. the premises are i	now open for business (If not exp	plain below)
SIGNED BY Indivi	dual, Partner or Authorized Cor	porate Officer
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the	building inspector and the he	the certificate required by Chapter 304 of the ad of the fire department for the above surance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENSING AUTHORITY By:
(If disapproved explain)		
DATE:		



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LICENSE NUI	MBEK: 045600007		CITY OR TOWN	GRAFION
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
DOING BUSI	NESS A	OFFICE PUB INC. THE		
ADDRESS RA	AY ST.			
CITY/TOWN:	GRAFTON	STATE: MA	ZIP CODE:	01536
MANAGER:	WHITERELL, EDWARD J.	TYPE OF LICENSE: Resi	taurant C	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION	N OF LICENSED PI	REMISES:		
STORAGE WIROOM WITH	ITH A NEW ADDIT AN ENTRANCE/E	X35 TO HOUSE A LOUNG TONAL ROOM 50X35 TO XIT IN FRONT AND BAC GE AREA W/ ENT. THRO	HOUSE A LOUN K AND ONE OUT	GE AND A DINING
I hereby certify	and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now	/ licensed;
	-	d with all laws of the Comm	_	to taxes; and
3. the	premises are now op	en for business (If not expla	in below)	
SIGNED BY	Individual, F	artner or Authorized Corpor	rate Officer	
DATE:	TELE	PHONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT In	dividual Social Security Number)
Acts of 2004,	signed by the build	ve are in possession (1) the ing inspector and the head ate of liquor liability insur	of the fire depart	ment for the above
Please Check Belo	ow:		LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i expiain)			
DATE:			-	



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LICENSE NUMBER: 045600008		CITY OR TOWN	GRAFTON
APPLICATION FOR RENEWAL:	Annual	LICENS	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: ZHEN MEI,INC. DOING BUSINESS A WONG'S CHINES	SE RESTAURANT		
ADDRESS 62 UPTON ST			
CITY/TOWN: GRAFTON	STATE: MA	ZIP CODE:	01519
MANAGER: SITU, MEI PING TYPE	E OF LICENSE: Res	taurant CA	TEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE ONE STORY WOODEN STRUCTURE W INTO PARKING AREA AND ALSO EMI DINING AREA CONVERTED LOUNGE 10' X 19'6' PLUS.	/ITH ENTRANCE I PLOYEE ACCESS A	AND EGRESS IN R	EAR. TWO
I hereby certify and swear under penalties of	of perjury that:		
1. the renewed license will be of the	ne same type for the	same premises now l	icensed;
2. the licensee has complied with a		=	taxes; and
3. the premises are now open for b	usiness (If not expla	in below)	
SIGNED BY Individual, Partner of	or Authorized Corpo	rate Officer	
DATE: TELEPHONE	NUMBER:		IDENTIFICATION NUMBER:
		(Note: NOT Indiv	vidual Social Security Number)
We the undersigned, attest that we are is Acts of 2004, signed by the building inspinamed license and (2) the certificate of 1 of 2010.	ector and the head	of the fire departm	ent for the above
Please Check Below:		LOCAL LICENSI	NG AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(п аваррготов схрині)			
DATE:			



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LICENSE NUMBER: 045600010	(	CITY OR TOWN GRAFT	ON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
DOING BUSINESS A	LET-POST #92 AMERIO	CAN LEGION	
ADDRESS 69 WORCESTER ST.		ZIP CODE: 01519	
CITY/TOWN: GRAFTON  MANAGER: CALLAHAN, T  DAVID K.	STATE: MA YPE OF LICENSE: Club		Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR DESCRIPTION OF LICENSED PREM ONE STORY BLDG. BASEMENT HA FIRST FLOOR HAS LARGE MEETIN TO HOLD 12 PICNIC TABLES; SHE.	AS KITCHEN, STORAG	E ROOM AND RECREAT FOR DANCING.PAVILION	N 25' X 50'
1. the renewed license will be a complied w     3. the premises are now open f	of the same type for the s	onwealth relating to taxes; ar	nd
SIGNED BY Individual, Partr	ner or Authorized Corpor	ate Officer	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire department for t	the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	THORITY
DATE:			



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LICENSE NUMBER: 045600012		CITY OR TOWN GRAFTON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: QUATRO AMI	GO'S,INC.	
DOING BUSINESS A CANCUN'S N	MEXICAN RESTAURAN	IT
ADDRESS 75 WORCESTER ST.		
CITY/TOWN: GRAFTON	STATE: MA	ZIP CODE: 01536
MANAGER: DELGADILLO, MARY ELENA	TYPE OF LICENSE: Rest	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM.	AIL ADDRESS
DESCRIPTION OF LICENSED PRE	MISES:	
	E ROOM, 3 RESTROOM ATCHMEN'S LIVING (	NG OF 3 DINING ROOMS, BAR, MS. FULL CELLAR FOR STORAGE OF QUARTRS. OFFICE AND STORAGE. 5
I hereby certify and swear under penal	ties of perjury that:	
1. the renewed license will be	• •	-
1		onwealth relating to taxes; and
3. the premises are now open	for business (If not explain	in below)
SIGNED BY Individual, Part	ner or Authorized Corpor	rate Officer
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below: APPROVED:		LOCAL LICENSING AUTHORITY By:
DISAPPROVED: (If disapproved explain)		
(11 disappioved explain)		
DATE:		



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0456	500016	CITY OR TOWN GRAFTO	ON
APPLICATION FOR REN	IEWAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: BEA	ATRICE COLLETTE		
DOING BUSINESS A VA	ALLEY PLAZA DISCOUNT LIQ	QUORS	
ADDRESS 43 MAIN ST			
CITY/TOWN: GRAFTON	N STATE: MA	A ZIP CODE: 01560	
MANAGER:	TYPE OF LICENSE:	Package Store CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE	ALSO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF LICEN			
_	NT ENTRANCES AND TWO R under penalties of perjury that:	EAR ENTRANCES	
2. the licensee has	ense will be of the same type for the complied with all laws of the Companion of the compan	mmonwealth relating to taxes; an	d
SIGNED BY Indi	vidual, Partner or Authorized Con	rporate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	PHORITY
DATE:			



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 045600017		CITY OR TOWN	GRAFTON
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: ARSLAN, IN	C.		
DOING BUSIN	NESS A VILLAGE I	DAIRY		
ADDRESS 167	7 MAIN ST			
CITY/TOWN:	GRAFTON	STATE: MA	ZIP CODE:	01560
MANAGER:	CHAUNDHRY, AMJAD	TYPE OF LICENSE: Pa	ackage Store CA	ATEGORY: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	EMISES:		
	AR USED FOR STO	AREA,STORAGE ARE DRAGE: 18' LONG BY		
		alties of perjury that:		
1. the 1	renewed license will	be of the same type for th	e same premises now	licensed;
2. the l	licensee has complied	l with all laws of the Com	monwealth relating to	taxes; and
3. the 1	premises are now ope	en for business (If not exp	lain below)	
SIGNED BY				
	Individual, Pa	artner or Authorized Corp	oorate Officer	
DATE:	TELEP	HONE NUMBER:		IDENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE	ED:		•	
(If disapproved	l explain)			
DATE:				
DAIL.				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 045600020		CITY (	OR TOWN	GRAFTON	
APPLICATION FO	R RENEWAL:	Annua	1	LICENS	SED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 77 WOR	A	QUORS,INC				
CITY/TOWN: GR	AFTON	STATE:	MA ZIF	P CODE:	01536	
MANAGER: CHA		ГҮРЕ OF LICENS	E:Package Sto	ore CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OU	JR WEBSITE AND ENTER Y	OUR EMAIL ADDR	ESS		
DESCRIPTION OF	LICENSED PRE	MISES:				
ONE FLOOR SING SALESROOM;STO BUILDING USED	RAGE AREA IN				HE REAR O	F THE
I hereby certify and	swear under pena	ties of perjury that:				
2. the licens	ee has complied	e of the same type for with all laws of the	Commonweal	th relating to		
3. the premi	ses are now open	for business (If not	explain below	w)		
SIGNED BY	Individual, Par	tner or Authorized	Corporate Off	icer		
DATE:	TELEPH	ONE NUMBER:	(N			ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved expl.)	ain)		LOCA By:	AL LICENS	ING AUTHO	DRITY
DATE:						



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	45600022		CITY OR TOW.	N GRAFION	N .
APPLICATION FOR R	ENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: S DOING BUSINESS A					
ADDRESS 197 WORC	ESTER STREET				
CITY/TOWN: GRAFT	ΓON	STATE: MA	ZIP CODE:	01536	
MANAGER: PATEL,	, KIRTI TYPI	E OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEB	SSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LIC	CENSED PREMISI	ES:			
2 STORY MASONRY ENTRANCE AND EXI OVERHEAD GARAGE	T DOORS, ONE S	IDE ENTRANCE	INTO WAREHOU	JSE AREA; 2	RONT
I hereby certify and swe	ar under penalties o	of perjury that:			
1. the renewed	license will be of th	ne same type for the	same premises no	w licensed;	
2. the licensee l	has complied with a	all laws of the Com	nonwealth relating	g to taxes; and	
3. the premises	are now open for b	ousiness (If not expl	ain below)		
SIGNED BY	ndividual, Partner o	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
Di Ci i Di					
Please Check Below: APPROVED:			LOCAL LICE	NSING AUTH	ORITY
DISAPPROVED:			Ву:		
(If disapproved explain)	)				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 045600029		CITY OR TOWN	GRAFTON	ſ
APPLICATION FO	OR RENEWAL:	Annual	LICEN	NSED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME	: ST. MARY &	& ST. MARCORIOUS,	INC.		
DOING BUSINESS	S A ANDREW'	S DELI & MARKET			
ADDRESS 215 WO	ORCESTER ST				
CITY/TOWN: GR	RAFTON	STATE: M	ZIP CODE:	01536	
MANAGER: AZI	IZ, NADER	TYPE OF LICENSE:	Package Store C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	d:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	JR EMAIL ADDRESS		_
DESCRIPTION OF	F LICENSED PI	REMISES:			
	ERY ENTANC	NG WORCESTER ST E LOCATED ON SIDE O CONTINUE.			
2. the licen	see has complie	be of the same type for d with all laws of the Co en for business (If not e	ommonwealth relating		
SIGNED BY	Individual, P	artner or Authorized Co	orporate Officer		
DATE:	TELEI	PHONE NUMBER:		R IDENTIFICAT dividual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICEN By:	SING AUTHO	ORITY
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 04	5600030		CIT	Y OR TOW	N GRAFTON	N
APPLICATION FOR RI	ENEWAL:	Annu	al	LICE	ENSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NAME: D	ANIELLE'S RES	STAURANT C	ORPORAT	ION		
DOING BUSINESS A	DANIELLE'S BA	AR & GRILLE				
ADDRESS 215B WOR	CESTER ST					
CITY/TOWN: GRAFT	ON	STATE:	MA	ZIP CODE:	01536	
MANAGER: DOE, DE	ENNIS W. TYI	PE OF LICEN	SE:Restaura	nt	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	ASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL AI	DDRESS		_
RESTAURANT AND L 1ST FLR WITH ENTRA APPROX 779 SQFT. FI FROM ABUTTING MII	ANCE FROM FR RST FLOOR EN	ONT OF BLD	G. SECTIO	N B REST	CONSISTS OF	7
2. the licensee h	icense will be of	the same type	for the same Commonw	ealth relatin		
SIGNED BY	ndividual, Partner	or Authorized	Corporate (	Officer		
DATE:	TELEPHON	E NUMBER:			/ER IDENTIFICAT	
We the undersigned, at Acts of 2004, signed by named license and (2) to of 2010.	the building ins	spector and th	e head of tl	ie fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LC By		NSING AUTH	ORITY
DATE:			_			



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LICENSE NUMBE	K: 045600032		CITY OR TOWN	GRAFION
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME	: J&J TAVERN, IN	NC		
DOING BUSINESS	S A J&J TAVERN			
ADDRESS 150 MA	AGILL DRIVE			
CITY/TOWN: GR	AFTON	STATE: MA	ZIP CODE:	01519
MANAGER: MA	GILL, JOHN H TY	PE OF LICENSE: Res	taurant C	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
		WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	ISES:		
1 SINGLE DOOR I DOUBLE DOORS FOR EMPLOYEES SINGLE DOOR FR SINGLE DOOR FR	BY SNACK SHOP,I LOBBY 1 SINGLE 3:1 SINGLE DOOR ( COM BAR 1 SINGLI COM PORCH,DOUE	DOW.ROOM APPROMOUBLE DOORS FROM OUTSIDE PATONTO PORCH 29 X 1 E FROM BANQUET FORE BLE DOORS INTO KITH 6 BAYS 1ST F	OM LOBBY 18 X 1 FIO,DOUBLE DOC 9'S ST FLOOR,PO ROOM 31 X 12' BA TCHEN FOR EMP	7' 1ST FLOOR:BAR ORS INTO KITCHEN RCH ROOM 1 NQUET ROOM 1
	swear under penaltie		2001	
• •	*	f the same type for the	same premises now	licensed;
		th all laws of the Comm	-	
3. the prem	ises are now open fo	or business (If not expla	in below)	
SIGNED BY	Individual, Partne	er or Authorized Corpo	rate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
			(Note: NOT Ind	lividual Social Security Number)
Acts of 2004, signe	ed by the building in	nspector and the head	of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	lain)			<del></del>
DATE:				
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 045600034	(	CITY OR TOWN	GRAFTON	
APPLICATION FO	R RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	: FONTAN RESTAU	RANT, INC.			
ADDRESS 387 PRO					
CITY/TOWN: GR		STATE: MA	ZIP CODE:	01560	
MANAGER: TAN	NG, KUO RUNG TYPE	E OF LICENSE: Resta	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EMA	IL ADDRESS		I
DESCRIPTION OF	LICENSED PREMISE	ES:			
<ol> <li>the renev</li> <li>the licens</li> </ol>	swear under penalties of wed license will be of the see has complied with a ises are now open for b	ne same type for the s	onwealth relating to		
SIGNED BY	Individual, Partner of	or Authorized Corpor	ate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: NOT Ind		ION NUMBER: ecurity Number)
Acts of 2004, signe	ed, attest that we are i ed by the building insp (2) the certificate of l	ector and the head	of the fire departr	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [ (If disapproved expl	Lain)				
11	•				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 04500003	55	CITY OR TOWN GRAFTO	IN .
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: Wen He			
DOING BUSINESS A Cirrus'	Wine Cellar		
ADDRESS 1 Grafton Common			
CITY/TOWN: GRAFTON	STATE: MA	ZIP CODE: 01519	
MANAGER: He, Wen	TYPE OF LICENSE: P	cackage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSEI			
first floor of the building. Three public corridor that has two doo		ree exit doors on the opposite which	ch lead to a
I hereby certify and swear under	_		
		ne same premises now licensed;	
		nmonwealth relating to taxes; and	
	open for business (If not exp	=	
		•	
SIGNED BY			
	al, Partner or Authorized Cor	porate Officer	
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
		(Note: NOT Individual Social	Security Number)
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		-	
DATE:			



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LICENSE NUMBER: 04	15600037		CITY OR TO	WN GRAFTON	N
APPLICATION FOR RI	ENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: B	RIDGE STREET BIS	STRO,INC.			
DOING BUSINESS A	BRIDGE STREET B	ISTRO,INC			
ADDRESS 10 BRIDGE	STREET				
CITY/TOWN: GRAFT	ON	STATE: MA	ZIP COD	E: 01536	
MANAGER: WELCO HY P.	ME,TIMOT TYPE (	OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	ASE ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR EM	MAIL ADDRESS		_
DESCRIPTION OF LIC					
ONE FLOOR OF WOO ROOM,KITCHEN,BAR DINING ROOM WITH	WITH TWO ENTR	ANCES IN FROM	NT-ONE TO I		0
I hereby certify and swea	ar under penalties of j	perjury that:			
	icense will be of the	• •	-		
	as complied with all			ting to taxes; and	
3. the premises	are now open for bus	iness (If not expla	in below)		
SIGNED BY	ndividual, Partner or A	Authorized Corpo	orate Officer		
DATE:					
DATE:	TELEPHONE N	UMBER:		OYER IDENTIFICAT OT Individual Social S	
			(1 totel <u>111</u>	<u> </u>	ceurity (vaimoer)
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	the building inspec	ctor and the head	of the fire de	epartment for the	above
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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		CITY OR TOWN	BRAFTON
APPLICATION FOR RENEWAL:	Annual	LICENSE	D FOR 2013
	CLASS		YEAR
LICENSEE NAME: THE PARDEE GRO	UP		
DOING BUSINESS A THE GRAFTON IN	NN		
ADDRESS 25 GRAFTON COMMON			
CITY/TOWN: GRAFTON	STATE: MA	ZIP CODE:	01519
MANAGER: PARDEE, JOHN TYPE	OF LICENSE: Innl	nolder CAT	EGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE	ES:		
3 STORY 12,000 SQ. FT. WOOD FRAME FLOOR,1ST FLOOR RESTAURANT,BAR ROOMS(9).OUT DOOR PATIO SEATING	R 2ND FLOOR FUI		
I hereby certify and swear under penalties of	f perjury that:		
1. the renewed license will be of the	e same type for the	same premises now lic	eensed;
2. the licensee has complied with al	ll laws of the Comm	onwealth relating to t	axes; and
3. the premises are now open for bu	usiness (If not expla	in below)	
SIGNED BY	n Authorized Compo	note Officer	
SIGNED BY Individual, Partner of	r Authorized Corpo	rate Officer	
	r Authorized Corpor	rate Officer	
Individual, Partner of			DENTIFICATION NUMBER
Individual, Partner or		EMPLOYER II	DENTIFICATION NUMBER:
Individual, Partner of	NUMBER: n possession (1) the ector and the head	EMPLOYER III (Note: NOT Individual certificate required of the fire departme	by Chapter 304 of the nt for the above
DATE: TELEPHONE  We the undersigned, attest that we are in Acts of 2004, signed by the building inspendent license and (2) the certificate of license and (2) the certificate of license and (2) the certificate of license and (3) the certificate of license and (4) the certificate of license and (5) the certificate of license and (6) the certificate of license and (7) the certificate of license and (8) the license and (8) the certificate of license and (8) the	NUMBER:  n possession (1) the ector and the head	EMPLOYER III (Note: NOT Individual certificate required of the fire departme	by Chapter 304 of the nt for the above hapter 116 of the Acts
Individual, Partner of TELEPHONE  We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of lie of 2010.	NUMBER:  n possession (1) the ector and the head	EMPLOYER III (Note: NOT Individual certificate required of the fire departments ance required by Change in the fire departments and the fire depar	by Chapter 304 of the nt for the above hapter 116 of the Acts
Individual, Partner of TELEPHONE  We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of lie of 2010.  Please Check Below: APPROVED:	NUMBER:  n possession (1) the ector and the head	EMPLOYER III (Note: NOT Individual certificate required of the fire departmentance required by Chance required by Chance LOCAL LICENSIN	by Chapter 304 of the nt for the above hapter 116 of the Acts
Individual, Partner of TELEPHONE  We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license Check Below:  APPROVED:	NUMBER:  n possession (1) the ector and the head	EMPLOYER III (Note: NOT Individual certificate required of the fire departmentance required by Chance required by Chance LOCAL LICENSIN	by Chapter 304 of the nt for the above hapter 116 of the Acts
Individual, Partner of TELEPHONE  We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of lie of 2010.  Please Check Below: APPROVED:	NUMBER:  n possession (1) the ector and the head	EMPLOYER III (Note: NOT Individual certificate required of the fire departmentance required by Chance required by Chance LOCAL LICENSIN	by Chapter 304 of the nt for the above hapter 116 of the Acts



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 045600039		CITY OR TOWN	GRAFTON	-
APPLICATION FOR RENEWAL: Annual			LICENSED FOR 2013		
		CLASS			YEAR
DOING BUSIN		RT CONVENIENCE S ART CONVENIENCE			
CITY/TOWN:		STATE: N	1A ZIP CODE:	01519	
	KHALIL,TARIQ	TYPE OF LICENSE		ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS		
DESCRIPTION	N OF LICENSED PE	REMISES:			
CONVIENCE	STORE,ENTRY DO	OOR & EXIST DOOR	IN BACK.		
I hereby certify	and swear under per	nalties of perjury that:			
1. the	renewed license will	be of the same type for	the same premises now	licensed;	
2. the 1	licensee has complie	d with all laws of the C	ommonwealth relating to	taxes; and	
3. the 1	premises are now ope	en for business (If not e	explain below)		
SIGNED BY	Individual, P	artner or Authorized C	orporate Officer		
DATE:	TELE	PHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE (If disapproved					
(II disupproved	. Олршиі)				
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 04560004	1	CITY OR TOWN	GRAFTON
APPLICATION FOR RENEWA	AL: Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: SIMONE DOING BUSINESS A PECOR ADDRESS 135 WESTBORO R	LINSIN		1 L/ IIX
CITY/TOWN: GRAFTON	STATE: MA	ZIP CODE:	01519
MANAGER: LINSIN, SIMON	NE TYPE OF LICENSE: P	ackage Store Ca	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:		_	
PLEASE ALSO V	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
CHEESESHOP 513 SQ FT OPE SALE TOTAL SQ FT OF STOR		0 ADDING 247 SQ I	FT ROOM FOR WINE
2. the licensee has comp 3. the premises are now SIGNED BY	vill be of the same type for the blied with all laws of the Con open for business (If not explain the control of the control o	nmonwealth relating to	
DATE: TEI	LEPHONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENS By:	SING AUTHORITY
DATE:			



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 045600042		CITY OR TOWN	GRAFTON	
APPLICATION FO	OR RENEWAL:	Annual	LICEN	NSED FOR 2013	
LICENSEE NAME DOING BUSINESS ADDRESS 92 WO	S A PEPPERON			YEA	AR
CITY/TOWN: GR	RAFTON	STATE: M	A ZIP CODE:	01519	
	EOHARIS, IDA M.	TYPE OF LICENSE:	Restaurant C		ne and lt Regular
EMAIL ADDRESS	3:				
I hereby certify and  1. the rene  2. the licen	SHEN, DINING A swear under pen wed license will lasee has complied	EEMISES:  AREA, FRONT ENTRA  nalties of perjury that: be of the same type for d with all laws of the Co	the same premises nov	v licensed;	
SIGNED BY	Individual, Pa	artner or Authorized Co	orporate Officer		
DATE:	TELEP	PHONE NUMBER:		R IDENTIFICATION I	
Acts of 2004, sign	ed by the buildi	ve are in possession (1) ng inspector and the h ate of liquor liability in	ead of the fire depart	tment for the abo	ve
Please Check Below: APPROVED: DISAPPROVED:	]		LOCAL LICEN By:	SING AUTHORIT	ΓΥ
(If disapproved exp	olain)				



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LICENSE NUM	BER: 045600043		CITY OR TOWN G	RAFTON
APPLICATION	FOR RENEWAL:	Annual	LICENSEL	O FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: GRAFTON F	RESTAURANT GROUP		
DOING BUSINI	ESS A ANZIO'S B	RICK OVEN PIZZA		
ADDRESS 135	WESTBORO ROA	D		
CITY/TOWN:	GRAFTON	STATE: MA	ZIP CODE: 0	1519
	HARRINGTON, FODD	TYPE OF LICENSE:	Restaurant CATE	EGORY: Wine and Malt Regular
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
	OF LICENSED PR			
•		COUNTER SERVICE, ING CAPACITY OF 38	TWO ENTRANCES, TW	O EXITS. 48
I hereby certify a	and swear under per	nalties of perjury that:		
1. the re	enewed license will	be of the same type for the	he same premises now lice	ensed;
2. the lie	censee has complied	d with all laws of the Con	mmonwealth relating to tax	xes; and
3. the pr	remises are now ope	en for business (If not ex	plain below)	
SIGNED BY				
	Individual, P	artner or Authorized Con	porate Officer	
DATE:	TELEP	PHONE NUMBER:		ENTIFICATION NUMBER:
			(Note: NOT Individu	ual Social Security Number)
Acts of 2004, si	gned by the buildi	ng inspector and the he	the certificate required bead of the fire departmen surance required by Cha	t for the above
Please Check Below	<u>":</u>		LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	
DISAPPROVED (If disapproved e				
(11 disappioved e	Apiaiii)			
DATE:				